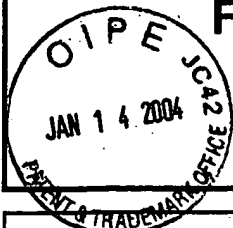


TRANSMITTAL FORM



Attorney Docket No. 2520/20
Application Number 10/089,823
Filing Date April 3, 2002
First Named Inventor Hutchins
Group Art Unit 2875
Examiner Negron, Ismael

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment and Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Extension of Time Request (duplic) - \$475 Check <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art <input type="checkbox"/>	<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Request of Refund <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input checked="" type="checkbox"/> \$18 Check
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CALCULATION OF FEE

					Small Entity		Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total	33	Minus	31	2	x \$9=	\$18	x \$18=	
Indep.	4	Minus	6	0	x \$43=		x \$86=	
First Presentation of Multiple Dep. Claim					+ \$150=		+ \$300=	
					total add'l fee	\$ 18	total add'l fee	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Charles C. Valauskas, Registration No. 32,009 Baniak Pine & Gannon 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature	<i>Charles C. Valauskas</i>	Date	January 14, 2004

CERTIFICATE OF MAILING

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Alexandria, Virginia 22313-1450

Signature	<i>Charles C. Valauskas</i> Charles C. Valauskas (32,0009)	Date:	January 14, 2004
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